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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Miami</u>	State Index No. <u>139</u>		
or _____	County Registrar No. <u>673</u>		
City of _____	Local Registrar No. _____		
2. Full name of child <u>Albert Ralph Jaycox</u>		No. <u>M. + J. Hospital</u> St. _____ Ward _____	
3. Sex of Child <u>Male</u>		Date of birth <u>Oct. 13, 1923</u>	
To be answered ONLY in event of plural births.		6. Legitimate? <u>yes</u>	
4. Twin, triplet or other _____		7. Date of birth Month <u>Oct</u> day <u>13</u> year <u>1923</u>	
5. No., in order of birth <u>3</u>			
8. FATHER		14. MOTHER	
Full name <u>Ralph Eugene Jaycox</u>		Full maiden name <u>Helen Louise Pringle</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>33</u> (Years)	
12. Birthplace (city or place) <u>Evansville, Ill.</u>		18. Birthplace (city or place) <u>Marengo, Ill.</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>Manager</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Miami Branch Standard Oil</u>		Nature of industry _____	
20. Number of children of this mother (a) Born alive and now living <u>3</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. M. Cron M.D.</u>	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year. _____		Filed <u>Oct 31</u> 19 <u>23</u>	
Registrar. _____		Filed <u>11-6</u> 19 <u>23</u>	
		Local Registrar. <u>P. E. Jia</u>	
		County Registrar. _____	

517-1013-775